Work Order ID 68609

Monday, April 18, 2011 1:58:13 PM

Item ID: D350-636-215 **Accept**

Revision ID:

Item Name: Skidtube STD LH, Deluxe

Setup **Start** / **Stop**

Start Date: 4/18/2011 **Start Qty:** 1.00

Required Date: 4/18/2011 **Req'd Qty:** 1.00

Cust Item ID:

Customer:

Reference:

Run **Start** / **Stop**

Approvals: **Process Plan:** MF **Date:** 11-04-18 **Tooling:** ____ **Date:** ____

QC: ____ **Date:** ____ **SPC (Y/N):** ____ **Date:** ____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr IIN-D350-636	**Revision Nbr** H								
100 DC Document Control		0.00 / 0.00							
	Memo Photocopy bluefile & type labels per PPPD350-636-215 CHG002					MF	11-4-18		
110 HandFinish Hand Finishing	Assemble as per dwg	0.00 / 0.00				1	0		
	Memo 1- Assemble Toe kit, Wedge kit and Tow ring kit to D350-636-015 as per IIN-D350-636 page:15-16-17-20								
120 QC Quality Control	QC5- Inspect part completeness to step on W/O	0.00 / 0.00				11	04	15	
	Memo								

136793

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Work Order ID 68609

Monday, April 18, 2011 1:58:13 PM

Item ID: D350-636-215 **Accept** **Setup Start** **Stop**

Revision ID:

Item Name: Skidtube STD LH, Deluxe

Start Date: 4/18/2011 **Start Qty:** 1.00 **Cust Item ID:**

Required Date: 4/18/2011 **Req'd Qty:** 1.00 **Customer:**

Reference:

Run Start **Stop**

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150		0.00							
Packaging	**Memo**	0.00							
Packaging	Identify and pack for shipping as per PPP D350-636-215 Location: A PPP rev:						11/4/19		
160	QC21- Final Inspection - Work Order Release	0.00							
QC	**Memo**	0.00					11/4/19		
Quality Control									

MF

11-04-19

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Picklist Print

Monday, April 18, 2011 1:58:09 PM

Work Order ID: 68609

Parent Item: D350-636-215

Parent Item Name: Skidtube STD LH, Deluxe

Start Date: 4/18/2011 **Required Date:** 4/18/2011

Start Qty: 1.00 **Required Qty:** 1.00

Comments: IPP Rev:A 10.10.04 new issue DD verf:EC IPP Rev:B
11.04.14 ecn11-553 DD verf:EC

Component Item ID / Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D350-636-015 Skidtube STD w/ Training Wearplates, LH		Manufactured	No			110	Each B67938	1.0000	1	1 (x1)		11/04/14	
				Location			**Loc Qty**		**Loc Code**				
				FG072			1						
					67938		1			(x1)			
D350-636-101 Toe Step, LH/RH		Manufactured	No			110	Each	7.0000	1	1		11/04/14	
				Location			**Loc Qty**		**Loc Code**				
				FG021			7						
					26089		1			X1			
					67316		6						
D350-636-105A Wedge Installation		Manufactured	No			110	Each	6.0000	1	1		11/04/14	
				Location			**Loc Qty**		**Loc Code**				
				FG021			6						
					67317		6			X1			
D350-636-109 Tow Ring Installation		Manufactured	No			110	Each	2.0000	1	1		11/04/14	
				Location			**Loc Qty**		**Loc Code**				
				FG022			2						
					68100		2			X1			

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Work Order ID 68097

Wednesday, April 13, 2011 8:54:08 AM

DUPLICATE

Item ID: D350-636-215 **Accept** **Setup Start**

Revision ID: **Stop**

Item Name: Skidtube STD LH, Deluxe

Start Date: 4/6/2011 **Start Qty:** 1.00 **Cust Item ID:**

Required Date: 4/15/2011 **Req'd Qty:** 1.00 **Customer:**

Reference:

Run Start

Stop

Approvals: **Process Plan:** CMF **Date:** 11-4-13 **Tooling:** **Date:**

QC: **Date:** **SPC (Y/N):** **Date:**

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	**Revision Nbr**								
IIN-D350-636	H								
100		0.00							
DC	**Memo**	0.00							
Document Control	Photocopy bluefile & type labels per PPPD350-636-215 CHG001								
110	Assemble as per dwg	0.00							
HandFinish	**Memo**	0.00							
Hand Finishing	1- Assemble Toe kit, Wedge kit and Tow ring kit to D350-636-015 as per IIN-D350-636 page:15-16-17-20								
120	QC5- Inspect part completeness to step on W/O	0.00							
QC	**Memo**	0.00							
Quality Control									

11/04/13

11 04 15 (J)

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Work Order ID 68097

Wednesday, April 13, 2011 8:54:08 AM

Item ID: D350-636-215 **Accept** **Setup Start** **Stop**

Revision ID:

Item Name: Skidtube STD LH, Deluxe

Start Date: 4/6/2011 **Start Qty:** 1.00 **Cust Item ID:**

Required Date: 4/15/2011 **Req'd Qty:** 1.00 **Customer:**

Reference:

Run Start **Stop**

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150		0.00				4/4/11			
Packaging	**Memo**	0.00							
Packaging	Identify and pack for shipping as per PPP D350-636-215 Location:_____ PPP rev:_____								
160	QC21- Final Inspection - Work Order Release	0.00							
QC	**Memo**	0.00							
Quality Control									

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Picklist Print

Wednesday, April 13, 2011 8:54:06 AM

Work Order ID: 68097

Parent Item: D350-636-215

Parent Item Name: Skidtube STD LH, Deluxe

Start Date: 4/6/2011 **Required Date:** 4/15/2011

Start Qty: 1.00 **Required Qty:** 1.00

Comments: IPP Rev:A 10.10.04 new issue DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D350-636-015		Manufactured	No			110	Each	0.0000	1	1			
Skidtube STD w/ Training Wearplates, LH													
D350-636-101		Manufactured	No			110	Each	9.0000	1	1			
Toe Step, LH/RH													

Location	Loc Qty	Loc Code
FG021	9	
26089	3	
67316	6	

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D350-636-105A		Manufactured	No			110	Each	7.0000	1	1			
Wedge Installation													

Location	Loc Qty	Loc Code
FG021	7	
54958	1	
67317	6	

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D350-636-109		Manufactured	No			110	Each	0.0000	1	1			
Tow Ring Installation													

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries